

MONTANA BOARD OF CLINICAL LABORATORY SCIENCE PRACTITIONERS

301 South Park, 4th Floor
PO Box 200513
Helena Montana 59620-0513
Phone: (406) 841-2393, Fax: (406) 841-2305
Email: dlibsdcls@state.mt.us
Website: <http://discoveringmontana.com/dli/cls>

REQUIREMENTS AND APPLICATION INSTRUCTIONS

Applicants will be notified within 30 working days of receipt, as to the status of their application.

CLINICAL LABORATORY SCIENTIST LICENSE

Qualifications for Licensure: Applicants for licensure must:

- Have graduated from an accredited college or university with a baccalaureate degree with at least 36 semester or 54 quarter hours in physical and biological sciences;
- Have passed generalists' examination offered by a national certifying body for clinical laboratory scientists.

Fees: ALL FEES ARE NON-REFUNDABLE

- \$100.00 Application fee
- \$100.00 Application for licensure of out-of-state applicant - reciprocity fee
- \$25.00 Application for temporary permit fee

Application Procedures: A fully completed application for licensure, signed and notarized, shall be submitted with the following documents:

- 2 X 2 Photograph of you taken within the last six months.
- Official Transcripts
- Copy of Certifying Exam Certificate and/or photocopy of your current ASCP card.
- Application fee. Make check or money order payable to the Board of Clinical Laboratory Science Practitioners. Do not send cash.
- If currently or previously licensed in another state or jurisdiction, a License Verification/History must be submitted.

Temporary Permit: Recent graduates who are approved to take the first available national examination may obtain a temporary practice permit. The temporary permit expires 45 days after the date of first opportunity for examination or until notification by the examination service that the person either fails or passes the examination. Applicants for a temporary permit shall submit a fully completed application for the permit, signed and notarized, along with the following:

- Temporary permit fee. Make check or money order payable to the Board of Clinical Laboratory Science Practitioners. Do not send cash.
- Date of the next available national examination.

CLINICAL LABORATORY SPECIALIST LICENSE

Qualifications for Licensure: Applicants for licensure must:

- Have graduated from an accredited college or university with a baccalaureate degree with at least

36 semester or 54 quarter hours in physical and biological sciences;

- Have passed a specialist examination offered by a national certifying body for clinical laboratory specialists. The following are areas of clinical laboratory science for which the board will grant a specialist's license:
 - (i) clinical chemistry;
 - (ii) hematology;
 - (iii) microbiology;
 - (iv) cytology;
 - (v) immunohematology;
 - (vi) cytogenetics, and
 - (vii) molecular biology

Fees: ALL FEES ARE NON-REFUNDABLE

- \$100.00 Application fee
- \$100.00 Application for license by reciprocity fee
- \$25.00 Application for temporary permit fee

Application Procedures: A fully completed application for licensure, signed and notarized, shall be submitted with the following documents:

- 2 X 2 Photograph of you taken within the last six months.
- Official Transcripts
- Copy of Certifying Exam Certificate and/or photocopy of your current ASCP card.
- Application fee. Make check or money order payable to the Board of Clinical Laboratory Science Practitioners. Do not send cash.
- If currently or previously licensed in another state or jurisdiction, a License Verification/History must be submitted.

Temporary Permit: Recent graduates who are approved to take the first available national examination may obtain a temporary practice permit. The temporary permit expires 45 days after the date of first opportunity for examination or until notification by the examination service that the person either fails or passes the examination. Applicants for a temporary permit shall submit a fully completed application for the permit, signed and notarized, along with the following:

- Temporary permit fee. Make check or money order payable to the Board of Clinical Laboratory Science Practitioners. Do not send cash.
- Date of the next available national examination.

CLINICAL LABORATORY TECHNICIAN LICENSE

Qualifications for Licensure: Applicants for licensure must:

- Have graduated with an associate degree or possess 60 semester or 90 quarter hours in a science-related discipline, or completed a military medical laboratory training program of at least 12 months in duration.
- Have passed a technician examination offered by a national certifying body for clinical laboratory scientists.

Fees: ALL FEES ARE NON-REFUNDABLE

- \$100.00 Application fee
- \$100.00 Application for license by reciprocity fee
- \$25.00 Application for temporary permit fee

Application Procedures: A fully completed application for licensure, signed and notarized, shall be submitted with the following documents:

- 2 X 2 Photograph of you taken within the last six months.
- Official Transcripts
- Copy of Certifying Exam Certificate and/or photocopy of your current ASCP card.
- Application fee. Make check or money order payable to the Board of Clinical Laboratory Science Practitioners. Do not send cash.
- If currently or previously licensed in another state or jurisdiction, a License Verification/History must be submitted.

Temporary Permit: Recent graduates who are approved to take the first available national examination may obtain a temporary practice permit. The temporary permit expires 45 days after the date of first opportunity for examination or until notification by the examination service that the person either fails or passes the examination. Applicants for a temporary permit shall submit a fully completed application for the permit, signed and notarized, along with the following:

- Temporary permit fee. Make check or money order payable to the Board of Clinical Laboratory Science Practitioners. Do not send cash.
- Date of the next available national examination.

LICENSURE OF OUT-OF-STATE APPLICANTS -- RECIPROCITY

Qualifications for Licensure: Applicants for licensure must:

- Be licensed in another state whose license standards at the time of application to this state are substantially equivalent to or greater than the standards in this state.
- There is not a reason to deny the license under the laws of this state governing the profession or occupation.
- The license may not be issued until the board receives verification from the state or states in which the person is licensed that the person is currently licensed and is not subject to pending charges or final disciplinary action for unprofessional conduct or impairment.

Application Procedures: A fully completed application for licensure, signed and notarized, shall be submitted with the following documents:

- 2 X 2 Photograph of you taken within the last six months.
- Official Transcripts
- Copy of Certifying Exam Certificate and/or photocopy of your current ASCP card.
- Application for license by reciprocity fee. Make check or money order payable to the Board of Clinical Laboratory Science Practitioners. Do not send cash.
- License Verification from state(s) where currently licensed and from any other state(s) where applicant has previously held a license.
- Copy of licensing standards of the state(s) where the applicant is currently licensed.

MONTANA BOARD OF CLINICAL LABORATORY SCIENCE PRACTITIONERS

301 South Park, 4th Floor
PO Box 200513
Helena Montana 59620-0513
Phone: (406) 841-2393, Fax: (406) 841-2305
Email: dlibsdcls@state.mt.us
Website: <http://discoveringmontana.com/dli/cls>

APPLICATION FOR LICENSURE AS: (please check one)

ALL FEES ARE NON-REFUNDABLE

☐ **Scientist** ☐ **Technician**

☐ **Specialist** _____
specify specialty

☐ **Licensure of out-of-state applicants**

☐ **Temporary Permit** for _____
(Pending Results of National Exam)
Exam Date _____ Exam Location: _____

1. FULL NAME _____
Last First Middle

2. OTHER NAME(S) KNOWN BY _____

3. PRESENT EMPLOYER: _____

4. EMPLOYER'S ADDRESS: _____
Street or PO Box # City & State Zip Country

5. HOME ADDRESS: _____
Street or PO Box # City & State Zip Country

PREFERRED MAILING ADDRESS: _____ Home _____ Employer

E-MAIL ADDRESS: _____

6. TELEPHONE: _____
Business Home Fax

7. SOCIAL SECURITY NUMBER _____ FOREIGN ID NUMBER _____

8. DATE OF BIRTH _____ PLACE OF BIRTH _____
☐ Male
☐ Female

9. LICENSE NAME _____
(State your name as it should appear on the license if granted)

10. ASCP Certification: YES ☐ NO ☐

Certificate Number: _____ Date Issued: _____ Expiration Date: _____

All applicants must answer the following questions. If you answer yes, give specific details (names of organizations, dates, reasons, and outcome) on a supplement sheet.

- | | YES | NO |
|---|--------------------------|--------------------------|
| 11. Have you ever been denied the right to take this profession's licensing exam in any state?
If yes, attach a detailed explanation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Has a licensing agency ever taken adverse or disciplinary action against your license?
If yes, attach a detailed explanation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Has your license ever been forfeited or surrendered? If yes, attach a detailed explanation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Has a complaint ever been made against you alleging unethical behavior or unprofessional conduct? If yes, attach a detailed explanation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you ever been expelled from or asked to resign from any professional organization of which you were a member? If yes, please attach a detailed explanation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Do you have criminal charges pending or have you ever pled guilty or been convicted of a crime (including a plea of no contest or deferred prosecution) relating to, or committed during the course of your professional practice, involving violence, use or sale of drugs, fraud, deceit, or theft, whether or not an appeal is pending? You may omit: (1) traffic violations for which you paid a fine of \$100.00 or less and (2) charges or convictions prior to your 16 th birthday.
If yes, attach a detailed explanation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Have you ever been charged with fraud, formally or informally, in any legal proceeding?
If yes, attach a detailed explanation | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Have you any physical or mental condition which has in the past three years adversely affected your ability to practice this profession, including but not limited to, a contagious or infectious disease involving serious risk to the public? If yes, attach a detailed explanation | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Have you within the last three years, used alcohol or any other mood-altering substance in a manner which adversely affected your ability to practice this profession? If yes, attach a detailed explanation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Has any legal or disciplinary action been filed against you relating to or during the course of your professional practice? If yes, attached a detailed explanation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. If taking the examination, do you have any physical or mental impairment(s) requiring special accommodation(s)? If yes, attach a detailed explanation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Have you ever applied for or taken the licensure examination in Montana or any other state?
If yes, attach a detailed explanation giving type of exam taken, date, and results. | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. List all professional/occupational licenses, registrations or certificates granted to you. | | |

License Type	State	License Number	Date Issued	Current? Yes/No

YOU MUST REQUEST A LICENSE VERIFICATION FROM STATES WHERE YOU CURRENTLY HOLD OR HAVE EVER HELD A LICENSE.

24 EDUCATION:

List all colleges, universities, or course(s) which you have attended and/or completed. Include copy of all diplomas or course completion certificates.

College \ University	Course	Date attended	# of Credits	
			Hours	Months

AFFIDAVIT

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Clinical Laboratory Science Practitioners.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for my application.

Legal Signature of Applicant

Date

Subscribed and sworn to me on this _____ day of _____

At _____
City and State

Notary Public

SEAL

For the State of

My commission expires _____

VERIFICATION OF LICENSURE

THIS IS NOT AN ENDORSEMENT CERTIFICATION

PLEASE COMPLETE THIS SECTION OF THE FORM AND MAIL TO EACH STATE BOARD IN WHICH YOU ARE NOW OR HAVE EVER BEEN LICENSED TO PRACTICE AS A CLINICAL LABORATORY SCIENCE PRACTITIONER. YOU MAY COPY THIS FORM AS MANY TIMES AS NEEDED. SOME BOARDS REQUIRE A FEE FOR THIS SERVICE.

STATE BOARD:

I am applying for a license to practice as a clinical laboratory science practitioner in the State of Montana and the Clinical Laboratory Science Practitioners Board requires this form to be completed by each state wherein I hold or have ever held licensure. This is your authority to release any information in your files, favorable or otherwise, **DIRECTLY** to the **BOARD OF CLINICAL LABOARTORY SCIENCE PRACTITIONERS, P. O. BOX 200513, HELENA, MT 59620-0513**. Your early response is appreciated.

(Signature) Name: _____ (Please print)

Address: _____

My License Number is: _____

DO NOT DETACH -- THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE MONTANA STATE BOARD OF CLINICAL LABORATORY SCIENCE PRACTITIONERS

State of: _____

Full Name of Licensee: _____

License No. _____ Issue Date: _____

Reciprocity/Endorsement/State Exam _____

License is current? _____ Active _____ Inactive _____ If NO, explain _____

Has license been suspended, revoked, on probation or otherwise disciplined? _____

If YES, explain and attach documentation. _____

Has licensee ever been requested to appear before your Board? _____

If YES, explain _____

Derogatory information, if any _____

Comments, if any _____

BOARD SEAL

Signed: _____

Title: _____

State Board: _____

Date: _____

**MONTANA BOARD OF CLINICAL LABORATORY SCIENCE
PRACTITIONERS**

301 South Park 4th Floor
P O Box 200513
Helena Montana 59620-0513
Phone: (406) 841-2303, Fax: (406) 841-2305
E-mail: dlibsdcsls@state.mt.us
Website: <http://www.discoveringmontana.com/dli/clsls>

NATIONAL EXAMINATION CERTIFICATION AGENCIES

- AAB AMERICAN ASSOCIATION OF BIOANALYSTS**
AAB Board of Registry Phone: (314) 241-1445
917 Locust St, Suite 1100 Fax: (314) 241-1449
St. Louis MO 63101-1419
E-mail: aab@aab.or Web: www.aab.org
- AACC AACC**
2101 L Street, NW – Suite 202 Phone: (202) 857-0717 or
Washington DC 20037-1558 (800) 892-1400
Fax: (202) 887-5093
E-mail: info@aacc.org Web: www.aacc.org
- AMT AMERICAN MEDICAL TECHNOLOGISTS**
710 Higgins Rd Phone: (847) 823-5169
Park Ridge IL 60068-5765 Fax: (847) 823-0458
E-mail: mail@amt1.com Web: www.amt1.com
- ASM AMERICAN SOCIETY FOR MICROBIOLOGY**
1752 N Street NW Phone: (202) 737-3600
Washington DC 20036
- ASCP AMERICAN SOCIETY FOR CLINICAL PATHOLOGY**
2100 West Harrison St Phone: (312) 738-1336
Chicago IL 60612-3798 (800) 621-4142
Fax: (312) 738-1619
E-mail: info@ascp.org Web: www.ascp.org
- NCA NATIONAL CREDENTIALING AGENCY**
P O Box 15945-289 Phone: (913) 438-5110, ext. 647
Lenexa KS 66285 Fax: (913) 599-5340
E-mail: nca-info@goamp.com